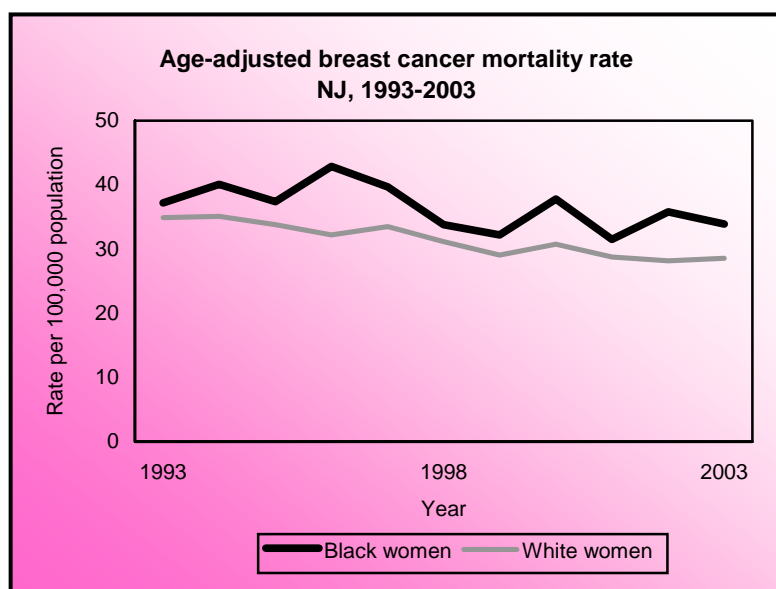


Breast Cancer

- Each year in New Jersey, more than 6,000 women are diagnosed with invasive breast cancer and over 1,500 die from this disease. Invasive breast cancer also affects about 50 men in New Jersey each year. Non-invasive breast cancers called *in situ* cancers are not included in the incidence statistics.
- Invasive breast cancer incidence rates among all New Jersey women peaked in 1990, decreased for a few years, and peaked again in 1997. Since then, breast cancer incidence rates have decreased more than 10% for both white and black women.
- In 2003, the age-adjusted invasive breast cancer incidence rate for women was 129.6 for whites and 106.6 for blacks per 100,000 population.



- The age-adjusted breast cancer mortality rate for women decreased nearly 18% between 1993 and 2003.
- The decrease in death rates has been greater for white women than for black women (18% vs. 9% from 1993-2003). In 2003, the age-adjusted breast cancer mortality rate was 28.6 for white women and 33.9 for black women per 100,000 population.
- The proportion of women aged 40 and over who had a mammogram in the past two years increased throughout the 1990s but then declined after peaking in 2002. Among women 65 and older, the

mammogram rate increased more than 50% during the 1990s then dropped slightly in the early 2000s. Women aged 50-64 years consistently have higher mammogram rates than younger and older women. In 2005, 76% of New Jersey women aged 40 and over had a mammogram in the preceding two years: 76% of white women, 80% of black women, and 79% of Hispanic women.

- Risk factors for breast cancer among women include age (the risk increases with increasing age), delayed childbirth or never having children, early onset of menstruation, late menopause, a personal or family history of breast cancer, mutations in either of the two genes BRCA-1 and BRCA-2, biopsy-

confirmed atypical hyperplasia, recent use of oral contraceptives, high doses of radiation, post-menopausal hormone therapy especially combined estrogen and progestin, obesity after menopause, and moderate to heavy alcohol consumption. Women in higher socio-economic status groups often have a combination of these risk factors. Possible risk factors are dietary fat and physical inactivity.

- Exercising regularly, maintaining a healthy weight, avoiding alcohol, bearing several children, and breastfeeding for several months have been associated with decreased breast cancer risk.
- Types of screening for breast cancer include breast self exam (BSE), clinical breast exam, mammogram, ultrasound, and MRI. BSE should be performed monthly for women aged 20 and over, clinical exams should be done every three years for women in their 20s and 30s and every year for women aged 40 and over, and mammograms should be done annually for women aged 40 and over.
- Treatment for breast cancer may include surgery, chemotherapy, hormone therapy, or radiation therapy, alone or in combination.

For more data and information about breast cancer from the New Jersey Department of Health and Senior Services: www.nj.gov/health/cancer

Sources:

New Jersey Department of Health and Senior Services, [Cancer Epidemiology Services](#):
[NJ State Cancer Registry](#) 1990- 2003 Incidence Data

New Jersey Department of Health and Senior Services, [Center for Health Statistics](#):
New Jersey 1993-2003 Death Certificate Data Files and [NJSHAD Query System](#)
[New Jersey Behavioral Risk Factor Survey](#), 1991-2005 Data

New Jersey Department of Health and Senior Services, [Center for Cancer Initiatives](#):
[Office of Cancer Control and Prevention](#)

American Cancer Society, Cancer Reference Information:
[Breast Cancer](#)



Jon S. Corzine
Governor

Fred M. Jacobs, M.D., J.D.
Commissioner

New Jersey Department of Health and Senior Services
Public Health Services Branch
Office of the State Epidemiologist
Center for Health Statistics
P.O. Box 360
Trenton, NJ 08625-0360